

11

CLAIMS ONLY							Application Number 9/508405		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	BEFORE		AFTER FIRST		AFTER SECOND						
	Indep	Depend	Indep	Depend	Indep	Depend					
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Total											
Indep	4										
Depend	4										
Total	8										
Claims											

Original

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/508,405**
APPROPRIATE

FILING DATE

09/508405

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND. **2**
TOTAL DEP. **49**
TOTAL CLAIMS **51**

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND. **2**
TOTAL DEP. **49**
TOTAL CLAIMS **51**